

OFFICE OF THE  
MENTAL HEALTH OMBUDSMANWILLIAM R. SHARPE, JR. HOSPITAL  
PATIENT GRIEVANCE FORM

## PATIENT

NAME: Charles Lee Neal II DATE FILED: \_\_\_\_\_

UNIT: \_\_\_\_\_ GRIEVANCE#: \_\_\_\_\_

## Check all that apply regarding your grievance.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Abuse/Neglect                   | <input type="checkbox"/> Communication (mail, phone, visits)    | <input type="checkbox"/> Discharge/Transfer    |
| <input type="checkbox"/> Environment (temperature, etc.) | <input type="checkbox"/> Exercise (outdoors, recreation, music) | <input type="checkbox"/> Food                  |
| <input type="checkbox"/> Items (clothing, etc.)          | <input type="checkbox"/> Living area (bedroom, bathroom)        | <input type="checkbox"/> Other Patients        |
| <input type="checkbox"/> Rights                          | <input type="checkbox"/> Staff/Doctors                          | <input type="checkbox"/> Treatment Team/Groups |

## Describe what happened to you. How and when did this happen?

I need my Seboxin I have been on a contract for quite sometime  
and I was incarcerated at Western Regional JAIL and got it for 9 months  
thank you Charles Lee Neal II.

## Which staff have helped you resolve this issue? What did they try doing?

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Date Received: \_\_\_\_\_ Date Resolved: \_\_\_\_\_

Hospital staff's written final resolution to the grievance: Include what steps were taken, and if it requires a follow-up with additional staff or agencies, please include that staff or agency's response.

Hospital Staff's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Patient's Response to the resolution:**

Was this resolution satisfactory? ☐ Yes ☐ No If No, please write comments below:

Patient's Signature: \_\_\_\_\_ Date response was given: \_\_\_\_\_

Do you wish to appeal the decision to the Mental Health Ombudsman? ☐ Yes ☐ No

If yes, this grievance will be sent to the Office of the Mental Health Ombudsman (MHO) through email by staff. The recommendation of the appeal response will be sent to the hospital administration and the complainant. If you have any questions about the process, you may call the MHO at 304-558-2159.